

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER
2015 JUL 22 AM 7:44

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

AMNP Political Action Committee

ADDRESS (number and street)

104 Kingsley Dr

☐

(Check if address
is changed)

Monett

MO

65708

1073

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

missourisnp@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.am-np.org

2. DATE

07^M 14^D 2016

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Janice Jones, DNP, APRN

Signature of Treasurer

Janice Jones DNP, APRN

Date

07^M 14^D 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|---|
| 1. | <input type="text"/> | FEC ID number | C |
| 2. | <input type="text"/> | FEC ID number | C |
| 3. | <input type="text"/> | FEC ID number | C |
| 4. | <input type="text"/> | FEC ID number | C |

2015-07-22 10:00:00

Write or Type Committee Name

AMNP Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Association of Missouri Nurse Practitioners

Mailing Address

104 Kingsley Dr,

Monett

CITY

MO

STATE

65708

ZIP CODE

- 1073

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Shanna Chapman, DNP, APRN

Mailing Address

104 Kingsley Dr

Monett

CITY

MO

STATE

65708

ZIP CODE

- 1073

Title or Position

President

Telephone number

417

- 209

- 2773

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Janice Jones, DNP, APRN

Mailing Address

579 Cedar Hill Lane

Marshfield

CITY

MO

STATE

65706

ZIP CODE

Title or Position

Treasurer

Telephone number

Full Name of
Designated
Agent

Russell Chapman

Mailing Address

104 Kingsley Dr

Monett

CITY

MO

STATE

65708

- 1073

ZIP CODE

Title or Position

Practice Manager

Telephone number

417

- 576

- 7389

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Arvest Bank

Mailing Address

100 E Broadway

Monett

CITY

MO

STATE

65708

- 1073

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

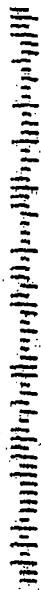
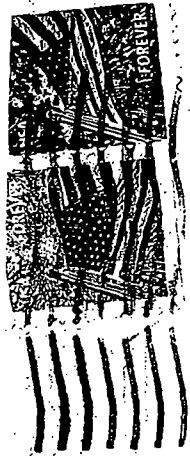
STATE

ZIP CODE

UNITED STATES POSTAL SERVICE
104 KINGSLEY DR
MONTGOMERY, MD 20858

RECEIVED
FEC MAIL CENTER
2015 JUL 22 AM 7:44

Federal Election Commission
999 E Street, NW
Washington, DC 20543



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER

(3/2015)

7/22/15
DATE PREPARED

2015-07-22 09:00:11 AM